



Authorization Number: \_\_\_\_\_

## **Institutional BioSafety Committee (IBC) Authorization To Perform Recombinant DNA Research**

To use this form: provide the following information based on referral to the NREL Biosafety Program, the NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines), and pertinent SOPs (if needed). Add additional lines to the form or append text if more space is needed to complete the questions. Contact the IBC's Biological Safety Officer or other members of NREL's IBC if you need assistance. IBC Authorization Forms for approved research projects should be updated and resubmitted by Principal Investigators (PIs) if significant changes occur in either the location or scope of work. Upon completion, forward to the IBC Chairperson for review and approval.

- 1). **Names of principal investigator (PI) and researchers:**
- 2). **Proposed location and duration of project:**
- 3). **Proposed recombinant and non-recombinant organisms to be used or stored at NREL:**
- 4). **Are organisms known human or agricultural pathogens?**
- 5). **Description of the proposed form(s) of the foreign genetic material(s)** (i.e., plasmid, gene, DNA fragment, etc.), including the source(s) of the foreign genetic material(s) and NIH classification(s):
- 6). **Description of the proposed host microorganism(s) or expression system(s), including NIH classification(s):**
- 7). **NIH Biosafety containment requirement for proposed experiment** (i.e., BL-1, BL-1 LS, BL-2, BL-2 LS):  
  
If work is at biosafety level BL-1 LS or greater, describe containment facilities.
- 8). **Brief description of proposed experiment:**
- 9). **Brief description of how waste will be disposal** (e.g., disinfection and bagging procedures):

10). **Brief description of any special safety precautions that will be used** (expand list as needed):

Personal protective equipment (e.g., gloves, lab coats, etc.):

Ventilation (e.g. hoods, biosafety cabinets):

Containment:

If work is at biosafety level BL-1 LS or greater, describe emergency plans for accidental spills or contamination of personnel or their personal protective equipment:

By signing below, the PI indicates that he/she understands the NIH Guidelines and will ensure that personnel working on the project are familiar with NREL's Biosafety Program; have been adequately trained in good microbiological techniques; and understand their responsibility to adhere to all approved procedures including emergency plans for handling accidental spills and personnel contamination.

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Principal Investigator/Date

Work may proceed when approved by:

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Chairperson, IBC/Date

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Center Director/Date

**Personnel Authorized to Perform the Proposed Work**

The following personnel indicate, by signing below, that they are familiar with the requirements of NREL's Biosafety Program; understand the containment requirements for the proposed research; are trained in good microbiological techniques; will abide by proposed work practices; and will adhere to approved emergency plans for handling accidental spills and personnel contamination.

_____ Researcher Name	_____ Researcher Signature	_____ Date
_____ Researcher Name	_____ Researcher Signature	_____ Date
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